

GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Wasatch Behavioral Health

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

1) Access & Eligibility for Mental Health and/or Substance Abuse Clients

Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?

Wasatch Behavioral Health Special Service District (WBH) is a comprehensive community mental health and substance use disorder center providing a full array of mental health and substance use disorder services to the residents of Utah County. WBH provides a mental health and substance use disorder screening to any Utah County resident in need for mental health and substance use disorder services. The screening is to assess the level of care and appropriate services either through WBH or a referral to the appropriate outside provider/agency. Based on available resources, (funding or otherwise), prospective clients will be referred to or linked with available resources. Medicaid eligible clients will be provided access to the full array of services available. Individuals who carry commercial insurance will be referred to appropriate providers in the community or referred to one of the many programs within WBH for treatment based on eligibility. Additionally, WBH has several specialized programs, including a specialized program for children and youth with autism spectrum disorders, treatment for adjudicated youth sex offenders, residential and youth receiving services, individuals who are homeless, clients who are treated by the mental health court or drug court, and other services for members of the community who are unable to afford treatment. WBH provides a full array of SUD services for women and children, IV drug users, recovery residents, IOP, drug court, residential, detox, and etc.

Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)? Identify how you manage wait lists. How do you ensure priority populations get served?

In Utah County, substance use disorder and mental health services have been merged into one agency called Wasatch Behavioral Health Special Service District (WBH). WBH provides services as stated above to the full range of populations and needs of Utah County. Within funding, all Utah County residents are eligible for services.

Several programs are funding specific. House of Hope residential treatment and Promise North and South outpatient treatment for women with dependent children use Medicaid, State women's meth funding and SAPT women's set aside. Drug Court funding is the same. Our substance use disorder intake staff have a SAMHSA priority population notice posted at their work stations for clients to see, and to serve as a reminder. Our mental health intake staff have walk-in intakes to provide easy access.

What are the criteria used to determine who is eligible for a public subsidy?

WBH provides services to the residents of Utah County. WBH does not discriminate against clients based on the ability to pay. Treatment needs and the service mix offered to individuals are tailored to individual client needs and available resources. WBH has a Sliding Fee scale for services providing access to those residents who are not eligible (based on poverty guidelines and insurance status). In order to be eligible for any of the publicly subsidized programs, WBH requires appropriate

documentation/ verification of income, housing status (for the homeless clinic) and/or insurance status.

How is this amount of public subsidy determined?

WBH has a Sliding Fee scale and associated policy addressing the access and cost for publicly subsidized programs. Several programs, relying on contract or grant funding or other eligibility criteria may exist.

How is information about eligibility and fees communicated to prospective clients?

All prospective clients are provided with a mental health/sud screening/assessment at their request. At this time, prospective clients are made aware of the available resources and referred to or linked to the most appropriate resource/ treatment program to meet their needs and resources. If the client doesn't have Medicaid then the client can be seen via a sliding fee scale or to our unfunded committee to monitor appropriate treatment and services. Information for unfunded clients are advertised in our center brochure, website, community partners, WBH staff, and other flyers. Information about eligibility and fees is communicated to prospective clients through word of mouth, referrals from other community partners, social media, and the staff who greet new clients at the front desk when they arrive for screening and evaluation. Intake staff have the client or parent of a youth client complete a financial application and inform them of their sliding fee scale assessment at the time of their first visit. Additionally, information regarding eligibility for treatment for individuals covered by Medicaid is available to all Medicaid enrollees through the Medicaid Prepaid Mental Health Plan handbook distributed to all new Medicaid enrollees by Medicaid through the US Mail and our website. It is also offered to Medicaid enrollees by Intake staff at the time of their first visit.

**Are you a National Health Service Corps (NHSC) provider? YES/NO
In areas designated as Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Services Corp (NHSC) and processes to maintain eligibility.**

WBH participates in the NHSC for many of its locations to help staff pay off student loans. It is a helpful recruiting tool and benefits staff. There are yearly reports that need to be sent in from WBH and from the employee to continue the employee on this program. It also helps with productivity since NHSC requires a 60% face to face with clients. Thus it is a win-win for WBH and staff.

2) Subcontractor Monitoring

The DHS Contract with Mental Health/Substance Abuse Local Authority states: When the Local Authority subcontracts, the Local Authority shall at a minimum:

- (1) Conduct at least one annual monitoring review of each subcontractor. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.**

Describe how monitoring will be conducted, what items will be monitored and how required documentation will be kept up-to-date for active subcontractors.

Outside Contract Provider Responsibilities:

Outside contracted providers shall be knowledgeable of WBH's Contracted Provider Agreement provisions including:

- 1 All laws, regulations, or actions applicable to the services provided therein.
- 2 All terms and conditions applicable to licensed mental health providers contained in "Mental

Health Center Provider Manual” – Utah State Division of Health Care Financing.

3 The Enrollee grievance system and client rights contained in WBH’s Medicaid Member Handbook.

4 “Best Practice Guidelines” found on WBH’s website (www.wasatch.org) Providers agreement to abide by and cooperate with WBH’s Quality Utilization and Performance Improvement (QAPI) policies and procedures as they apply to private providers located on the www.wasatch.org website. Conduct a monthly review of its agency staff through the Inspector General (HHS - OIG) list of excluded individuals and entities (LEIE) database http://oig.hhs.gov/fraud/exclusions/exclusions_list.asp

5 Obtain a National Provider Identifier number (NPI).

<https://npes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart>

All WBH clients’ currently in services with contracted outside providers have their clinical record and billing documentation audited by WBH’s Outside Provider Contract Program Manager or her designee.

The program manager/designee audits five percent (5%) of each clinical record open and assigned to each provider annually. When a provider serves more than one client, the program manager/designee audits a maximum of five clinical records annually.

The program manager/designee uses WBH’s identified audit instrument for each clinical record audited. Specialized audits are initiated based on client complaints, suspicious billing practices, or from other reported issues.

The program manager will notify the outside provider orally and in writing of any negative audit findings. The outside provider has 90 days from the date of notification to correct errors. The program manager follows up to ensure all negative audit findings are corrected. A copy of the audit instrument is maintained by the program manager and the program manager reports any issues of significant concern or identified billing errors to WBH’s Executive Committee and Quality Improvement Committee.